

STRATEGIES TO INTEGRATE PHYSICAL, BEHAVIORAL AND SUBSTANCE ABUSE SERVICES FOR APIs

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API POPULATION IN LOS ANGELES COUNTY

This information came from “A Community of Contrasts – 2013” compiled by Asian American Advancing Justice - LA:

- 2.13 million APIs in Los Angeles
- The city of Los Angeles has the largest Asian American (483,585) and NHPI (15,031) populations of any city in both Los Angeles County and the entire state of California.
- Over 150,000 Asian Americans and nearly 6,000 NHPI in Los Angeles County live below the poverty line; nearly 380,000 Asian Americans and over 13,000 NHPI are low-income.
- Approximately 30 different identified ethnic API groups
- 530,000 APIs are considered Limited English Proficiency (LEP)
 - Nearly 930,000 Asian Americans and over 7,700 NHPI living in Los Angeles County are immigrants.
 - Over 76% of Asian Americans speak a language other than English and over 40% of NHPI speak a language other than English.
 - Example -- In the Cambodian ISM with 132 unduplicated clients to date, nearly 50% are monolingual, 18% are LEP and over 50% are illiterate in Khmer as well as English.

API POPULATION IN LOS ANGELES COUNTY

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- Health status varies among the different API groups but in general:
 - Leading causes for death among APIs are cancer, heart disease and strokes.
 - Asian Americans are the only racial group for whom cancer is the leading cause of death.
 - Diabetes, hypertension and obesity continue to increase.
 - Diabetes is the leading cause of death among Native Hawaiian Pacific Islanders.
 - The number of people countywide who die from diabetes is decreasing among all racial groups except NHPI.
 - Both Asian Americans and NHPI are less likely than African Americans and Whites to have health insurance.
 - Over one in three Korean Americans in Los Angeles County are uninsured.

CHALLENGES

APIs make up 16% of the population in LA County but utilization of public health services average between 2-3%. As with many un- and underserved ethnic populations, there is significant disparity between the need in a community and accessing care. The experience of the API ISMs have shown once again that with culturally sensitive and linguistically competent services, outreach and education, disparity can be addressed. The ISM component of the Innovation Plan show that APIs with this type of approach, utilization went up to 12%!

- Stigma about mental illness and substance abuse
 - Shame is prevalent as well as the need to “save face”
 - Alcohol abuse and gambling addiction are downplayed or reinforced as acceptable behaviors
 - Symptoms of mental illness may be interpreted by cultural traditions as disharmony with ancestors
 - From 2005 to 2010, the number of Asian American suicide deaths increased 39% countywide.
 - In 2011, 23% of Asian American youth considered suicide, more than any other racial group.

CHALLENGES

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- Workforce shortage due to a lack of bilingual and culturally sensitive employees.
- Lack of knowledge about illness, both for physical and behavioral illness
 - Many of the API enrollees had not had medical attention for years
 - The API ISMs partnered with a number of community based organizations. We found that the staff of the CBOs also needed education about mental illness and its symptoms.
 - For example, children were not being referred because there was a lack of understanding about which behavioral issues should be considered.
 - Materials were not translated or inappropriately translated given the educational and socio-economic level of the clients.
- Lack of trust in the “government” or “agencies” due to past trauma from countries of origin or during the immigration or refugee process



During FY11-12 and FY12-13, the number of contacts by the API ISMs to enroll clients:

- Many of the contacts were:
 - health fairs, community festivals, etc. and focused on sign-ins and distributing educational material about the ISM programs and mental health issues.
- Over time, the type of OEE became more one-on-one or small group/activities where more in-depth engagement took place.
- The results for FY13-14 were significantly better in terms of fewer contacts but higher enrollment numbers.

ISM	Contacts	Enrollees
Samoan	3,500	8
Korean	3,000	26
Chinese (FQHC is the lead)	285	28
Cambodian	3,832	66

STRATEGIES

1. Understand your community and its cultural values

Have an understanding of the history of the community,

- how people came to be in the U.S., whether there is historical trauma as well as ongoing trauma from the environment such as gangs, lack of public safety, murders, burglaries, etc.

Use healing practices that are familiar to the person

- Such as a spiritual ceremony, massage or acupuncture.
- Use of these practices supports the recovery process.
- Integrates the traditional values with the unknown Western methods.

Approach with an attitude of respect and patience to build the needed trust.

- In Samoan culture, it is Fa'aaloalo that binds faith and culture.
- This encompasses a respect towards elders, community leaders, gender differences, etc.

2. Hire staff from the community

Staff who understand the community because they live in it.

Higher rates of success with outreach when staff who were faith-based were hired

- Christian ministers for the Korean and Samoan ISMs and
- a Buddhist “ajah” for the Cambodian ISM

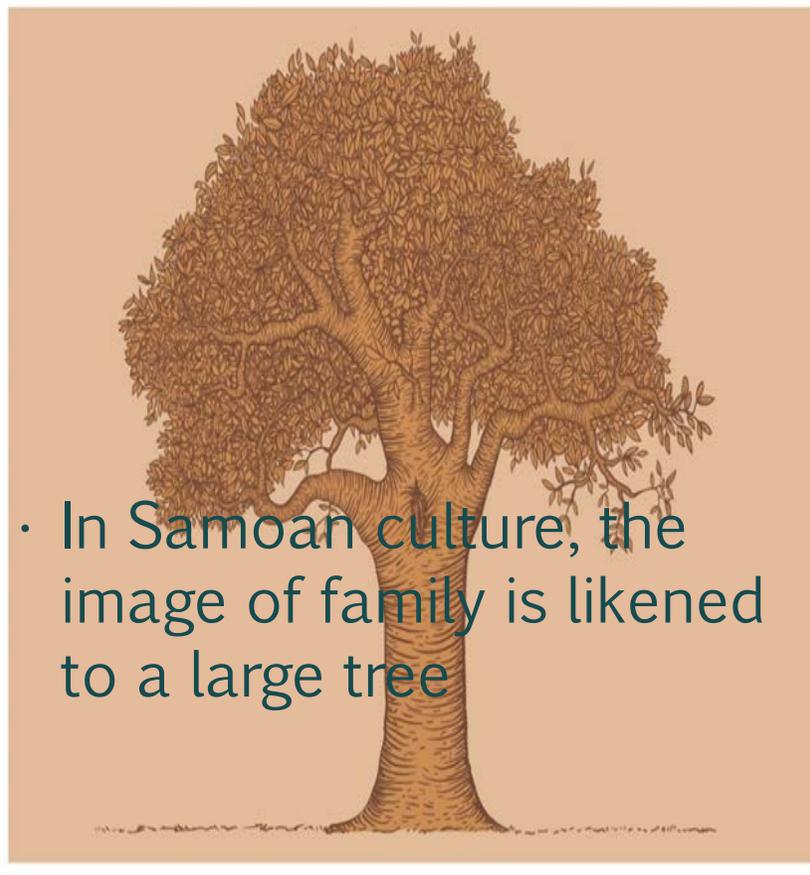
Staff who know the leaders in the community

Work from a strength based perspective where the CBOs and residents are the foundation

Staff, peers and family advocates can act as navigators to help a prospective or enrolled client to access care

3. Engage and include the family

Accept that the “family” is much broader than the Western concept of the nuclear family. Many API families have interconnectedness and cross several generations.



Over time, staff are often seen as “family” which can create boundary issues that need to be explained.

Harmony within the family is highly valued.

4. Match the OEE to the client's style

Accept the need for multiple encounters before a client will accept help.

A medical diagnosis is more acceptable than a mental illness. Look beyond the psycho-somatic symptoms.

Use non-threatening and non-branding (non-stigmatizing) activities to engage prospective clients such as:

- arts & crafts, physical activities, spiritual connections, etc.

Use education as tools to connect

- Use classes on nutrition, parenting, healthcare issues, etc.
- Use appropriately translated materials
- Create and support situations where clients connect with one another in a social setting

Use the intake process as a series of steps to get to know the client rather than just as a diagnostic tool.

- This takes longer but it builds the needed relationship.
- People are not comfortable with a mental illness diagnosis.

APIs strive for wholeness.

- The human wants balance among spirit (spiritual), mind (psychological) and body (medical field). (YNOT – Korean ISM partner)
- These elements do not work in isolation from one another if there is to be recovery.

5. Provide services for the prospective client that address their immediate needs first.

People may need help with transportation, housing, clothing, safety, etc. before they will consider getting mental health and/or medical services. Being able to link or provide these services builds trust because you've helped them in a concrete way.

A client may accept medical services first. Good OEE includes education about mental illness and a warm transition to mental health workers. Mental health staff are often introduced as part of the team or even as a colleague or friend to create a connection rather than a diagnosis.

For many APIs, having help towards financial stability is “wellness” for them.

REFERENCES

- Community Defined Practices for Ethnic Populations Webinar Series – Outreach & engagement: Mental Health Services with Asian Pacific Islander Communities, April 2, 2014 for the California Institute for Mental Health
- Materials from MHSA funded Integrated Design Services Management Model (ISM) for APIs:
- Cambodian: Mariko Kahn, LMFT, Pacific Asian Counseling Services
- Chinese: Hua Wen, LMFT, Pacific Clinics – Asian Pacific Family Services
- Korean: Grace Park, LCSW, Koreatown Youth & Community Center
- Samoan: Trang Hoang, PhD. LCSW, Special Service for Groups Alliance and the Samoan Nurses Association
- “2013 – A Community of Contrasts Asian Americans, Native Hawaiians and Pacific Islanders in Los Angeles County” by Asian Americans Advancing Justice Los Angeles, 2013.

Questions?

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